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J. BRYAN APR 21 2003

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Workers Occupational Resource
Center LLC

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TALLAHASSEE, FLORIDA

- ☐ Art of Inc. File_____
- ☐ LTD Partnership File_____
- ☐ Foreign Corp. File_____
- ☒ L.C. File_____
- ☐ Fictitious Name File_____
- ☐ Trade/Service Mark_____
- ☐ Merger File_____
- ☐ Art. of Amend. File_____
- ☐ RA Resignation_____
- ☐ Dissolution / Withdrawal_____
- ☐ Annual Report / Reinstatement_____
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- ☐ Photo Copy_____
- ☐ Certificate of Good Standing_____
- ☐ Certificate of Status_____
- ☐ Certificate of Fictitious Name_____
- ☐ Corp Record Search_____
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- ☐ Fictitious Search_____
- ☐ Fictitious Owner Search_____
- ☐ Vehicle Search_____
- ☐ Driving Record_____
- ☐ UCC 1 or 3 File_____
- ☐ UCC 11 Search_____
- ☐ UCC 11 Retrieval_____
- ☐ Courier_____

Signature_____

Requested by:

SZ 4/21/03 9:40
Name Date Time

Walk-In _____ Will Pick Up _____

**ARTICLES OF ORGANIZATION
OF
WORKERS OCCUPATIONAL RESOURCE CENTER, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby makes, acknowledges, and files the following Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company shall be WORKERS OCCUPATIONAL RESOURCE CENTER, LLC, ("company").

ARTICLE II - ADDRESS

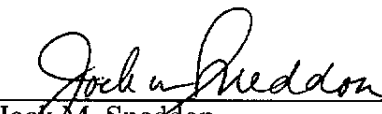
The mailing address of the company is 5912 Tarawood Drive, Orlando, Florida 32819.

The street address of the principal office of the company is 5912 Tarawood Drive, Orlando, Florida 32819.

ARTICLE III - REGISTERED AGENT, OFFICE AND AGENT'S SIGNATURE

The name and street address of the registered agent of the company in the state of Florida are Jock M. Sneddon, 5912 Tarawood Drive, Orlando, Florida 32819.

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept obligations of my position as registered agent as provided for in Chapter 608, F.S.




Jock M. Sneddon

ARTICLE IV - MANAGEMENT

The company is to be managed by one or more managers and is, therefore, a manager-managed company.

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IN WITNESS WHEREOF, the undersigned member or authorized representative has made and subscribed these articles of organization at Orlando, Florida, on April 17, 2003.


Jock M. Sneddon, Member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

STATE OF FLORIDA
COUNTY OF ORANGE

Sworn to and subscribed before me this April 18, 2003 Jock M. Sneddon, who is ☒ personally known to me OR ☐ produced identification.
Type of identification produced: _____


Notary Public -- State of Florida



Kristen M. Jackson
Commission # CC965440
Expires Sep. 5, 2004
Bonded Thru
Atlantic Bonding Co., Inc.

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